



Holiday Camp Registration

What days are you having fun with us?

Monday 19th, Tuesday 20th, Wednesday 21st, Thursday 22nd

Wednesday 28th, Thursday 29th, Friday 30th

Camper Name: _____

Address: _____

Phone Number(s): _____

Age: _____ Belt Level: _____

Parents Name: _____

Email address: _____

In case of emergency and we cannot reach you, who would you like us to call?

Name: _____

Relationship to camper: _____

Phone number(s) _____

Medical:

Any allergies/health concerns we need to know about? Please explain. _____

Doctor's Name: _____ Phone: _____

Insurance Provider: _____

Policy Number: _____

Please read the following statement concerning our policy about medical emergencies.

In the case of an emergency such as an accident or serious illness, the after school director will contact the child's parents. If the parents cannot be reached, the director will contact medical personnel in order to take necessary measures to provide for the safety of the child.

Parent Signature: _____ Date: _____